

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org



RECEIV LOBBYIST REGISTRATION FORM (Type or Print Clearly)

(First)	(Middle)	TELEPHONE		
(First)	(Middle)			
	,	1 ()		
		<u> </u>		
Susan	М.	532–5865		
		FAX		
* 2		532-5864		
(State)	(Zip	Code)		
Hawaii	968	96840-0001		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				
		FAX		
(State) (Zip		p Code)		
	Hawaii	(State) (Zi Hawaii 968		

PART II ORGANIZATION	1	
NAME OF ORGANIZATION YOU	LOBBY FOR (Do not abbreviate)	TELEPHONE
	_	
Hawaiian Electric Company, Inc.		532-5860
MAILING ADDRESS (Street)		FAX
D 0 D 0750		500 5064
P, O. Box 2750		532-5864
(City)	(State)	(Zip Code)
		0.010 0001
Honolulu	Hawaii	96840-0001
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Marcia Wright		532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
	Agriculture	Education		Human Services	XX	Science, Technology & Economic Development
XX	Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
XX	Consumer Protection & Commerce	Hawaiian Affairs X	XX	Labor & Employment	XX	Transportation
	Culture, Arts, Historic Preservation	Health	ΧX	Planning, Land & Water Use Management		Other: (indicate below)
XX	Ecology, Energy Environmental Protection	Housing		Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

PARTIV CERTIFICATION C	F LOBBAIS I					
I hereby certify that the info	ormation furnished above is, to th	e best of my knowledge, correct and complete.				
Spen ?	M Car	1/24/25				
	ignature of Lobbyist)	(Date)				
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PART V AUTHORIZATION 1	O LOBBY					
NAME	TITLI	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Molly M. Egged		Secretary				
NAME OF ORGANIZATION (if applica	ble)	TELEPHONE				
Hawaiian Electric Com	pany, Inc.	543-7728				
MAILING ADDRESS (Street)		FAX				
P. O. Box 2750		543-7523				
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96840-0001				
I hereby authorize the abo	ve - named person to engage in l	lobbying activities on behalf of the undersigned.				
ho ha						
) / / /	1/31/05				
(Signature of Author	izing Officer or Person Represented)	(Date)				